"let our family care for yours"

Rossy Pediatric Dentistry

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Health History

Patient's First Name: _____ Last Name: _____ Birthdate: _____/ _____/ _____

Has your child ever had serious/difficult problem associated with previous dental work? ☐ Yes ☐ No

If Yes, please explain: _____

Is the child's water fluoridated? ☐ Yes ☐ No Is the child taking fluoridated supplements? ☐ Yes ☐ No

Has the child ever had any pain/tenderness in his/her jaw joint (TMJ / TMD)? ☐ Yes ☐ No

Does the child brush his/her teeth daily? ☐ Yes ☐ No

Has the child ever taken Fosamax, Actonel, Boniva, or any other bisphosphonate? ☐ Yes ☐ No

Child's Physician: _____ Phone#: _____

Date of last visit: _____

Please describe the child's current physical health: ☐ Good ☐ Fair ☐ Poor

Please list all medications the child is currently taking: _____

_____

Aside from the items listed below, please list anything the child is allergic to, including medication: _____

_____

Latex: ☐ Yes ☐ No Metals/Nickel: ☐ Yes ☐ No Plastic: ☐ Yes ☐ No

Has the child ever had any of the following medical issues?

☐ Yes ☐ No	Abnormal Bleeding	☐ Yes ☐ No	Congenital Heart Defect	☐ Yes ☐ No	HIV/AIDS
☐ Yes ☐ No	ADD/ADHD	☐ Yes ☐ No	Convulsions	☐ Yes ☐ No	Kidney/Liver Problems
☐ Yes ☐ No	Anemia	☐ Yes ☐ No	Diabetes	☐ Yes ☐ No	Measles
☐ Yes ☐ No	Any Hospital Stays	☐ Yes ☐ No	Epilepsy	☐ Yes ☐ No	Mononucleosis
☐ Yes ☐ No	Any Operations	☐ Yes ☐ No	Exposed to HIV, but Neg	☐ Yes ☐ No	Sensory Issues
☐ Yes ☐ No	Asthma	☐ Yes ☐ No	Headaches	☐ Yes ☐ No	Sickle Cell Disease/Traits
☐ Yes ☐ No	Autism/Asperger's/PDD	☐ Yes ☐ No	Hemophilia	☐ Yes ☐ No	Skin Rash
☐ Yes ☐ No	Cancer	☐ Yes ☐ No	Hepatitis	☐ Yes ☐ No	Tuberculosis (TB)

I understand that the information that I have given is correct to the best of my knowledge, that it will be held in the strictest confidence and it is my responsibility to inform this office of any changes in my child's medical status. I authorize the dental staff to perform the necessary dental services my child may need.

_____ _____

Parent/Guardian Signature Date